

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Makoto SATO et al
Serial No. : 09/650,351
For : INFORMATION COMMUNICATION METHOD AND APPARATUS
Filed : August 29, 2000
Examiner : Min Jung
Art Unit : 2663

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV 385417098 US

Date of Deposit: March 15, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

(Signature of person mailing paper or fee)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of November 14, 2003, please amend this application as follows.

#3 03-15-04

Serial No. 09/650,351 File No. 450100-02667 By DMS/m.s
Title in the Matter of the Application of SATO et al
Applicant(s)/Inventor(s) SATO et al
The following due 3/15/04 in the U.S. Patent Office, was received in the Patent Office

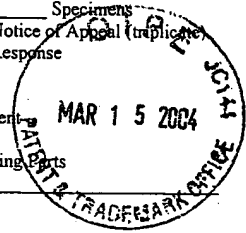
<input type="checkbox"/> Affidavit	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Express Mail Mailing Label # <u>EV385417098 US</u>
<input checked="" type="checkbox"/> Amendment		<input type="checkbox"/> (separate sheet)
<input type="checkbox"/> Preliminary Amendment		<input checked="" type="checkbox"/> Check No. <u>30821</u> for \$ <u>110.00</u>
<input type="checkbox"/> Amendment After Final Rejection		<input type="checkbox"/> Deposit Account Order Form
<input type="checkbox"/> Request for Extension of Time		<input type="checkbox"/> Drawing _____ Sheet(s)
<input type="checkbox"/> Provisional Patent Application		<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Application for Patent, including		<input type="checkbox"/> PTO Form 1449
<u> </u> Pages Specification <u> </u> Claims <u> </u> Abstract		<input type="checkbox"/> Issue Fee/Publication Fee Transmittal
<input type="checkbox"/> Declaration <input type="checkbox"/> Oath <input type="checkbox"/> Power		<input type="checkbox"/> Appeal Brief (triplicate) <input type="checkbox"/> Letter
<input type="checkbox"/> Request for Filing Continuation or Divisional		<input type="checkbox"/> Application for TM Registration
Application <u> </u> sheets		Including <u> </u> Specimens
<input type="checkbox"/> PCT Request <u> </u> sheets, including		<input type="checkbox"/> Status Request <input type="checkbox"/> Notice of Appeal (triplicate)
<input type="checkbox"/> Transmittal Letter		<input type="checkbox"/> Petition <input type="checkbox"/> Response
<input type="checkbox"/> Request for Continued Exam (RCE)		<input type="checkbox"/> Priority Document
<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet		<input type="checkbox"/> Statement of Use
<input checked="" type="checkbox"/> Amendment Fee Transmittal		<input type="checkbox"/> Response to Examiner's Statement
<input type="checkbox"/> Claim of Priority		<input type="checkbox"/> Search Report
<input type="checkbox"/> Request for Approval of Drawings		<input type="checkbox"/> Response to Notice to File Missing Parts
<input type="checkbox"/> Diskette with Sequence Listing		

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New York, NY 10151

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of a petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Respectfully submitted,

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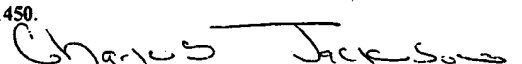
Date of Deposit: March 15, 2004

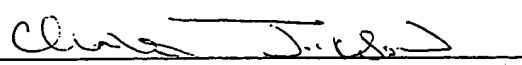
FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

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By: 

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800


(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)